



formed on account of its greater ease, simplicity and efficiency?"—*American Surgical Association*, 1887.

VII. Operations for Vesical Calculi. By A. VAN DERVEER, M.D., (Albany, N. Y.). This paper presented 41 cases in which the author had operated for stone in the bladder: they represented every kind of stone as to location in the bladder—prostatic, membranous and the spongy portions of the urethra; as regards the formation of soft and hard calculi, the list was singularly complete, while the extremes as to size were remarkable. There were seven cases of perineal lithotomy with two deaths and five recoveries, the former being very old men with very large stones. Of attempted litholapaxy and immediate perineal lithotomy, there were two cases, both of which resulted in death, being severe cases of large stone, the patients presenting a history of much suffering through many years. Of dilatation of the urethra in the female and washing out of fragments or removal of stone entire, there were six cases, all recovering with no complication whatever. Of urethral calculi, there were four cases, all recovering. Of simple lithotripsy in the male, there was one case followed by recovery. Of litholapaxies, attempted but not completed, there were four cases, three ending in death and one, in which the stone was hidden in a sac, later undergoing perineal lithotomy and recovering. One was probably complicated with some form of tumor of the bladder with a history of chronic disease of the kidneys; one was a case of chronic alcoholism; one was complicated with sacculated bladder, and the last two were cases of surgical kidney of the gravest kind. Of the litholapaxies in the male, there were eighteen patients and twenty-two operations, four required a second operation; of the number, sixteen recovered and two died; of the latter one died after the first and one after the second operation.

Litholapaxy is indicated in cases where the stone is small or of moderate size, and can be done in very small children, with proper instruments. However, there is much that is wanting in the study of the condition of patients after rapid lithotripsy, and valuable statistics on the subject ought soon to have accumulated, but the fallacy of all

tables must be remembered, since many cases never return to the first operator.

As regards suprapubic lithotomy, in view of the excellent results always likely to be obtained from litholapaxy, it must necessarily deal with severe cases of large, and, in some cases, sacculated calculi. In cases where severe cystitis coexists in male adults, regardless of the size of the stone, suprapubic or some form of perineal lithotomy is the best operation, in which case the cystitis can be treated, and there is less danger of a recurrence of the stone; he believed that future statistics would show that cystitis had much to do with the necessity for a second or third operation. Suprapubic lithotomy must in some instances be embarrassed by contracted bladder with adhesions in the male, which he believed had not received the attention it deserved. On anatomical grounds, the suprapubic operation is the more simple in youth because of the greater height of the bladder in the pelvis at that age. In girls, suprapubic lithotomy or rapid dilatation will undoubtedly reach all cases, and in women vaginal lithotomy may be added. He presents a table of recorded cases of suprapubic operations, showing in 142 adults, a mortality of 22%, and in 113 children under 15 years of age, a mortality of 10.5%.

W. T. BRIGGS, M.D., (Nashville, Tenn.) believed that no special operation is adapted to all cases, but that each should be scrutinized with care and subjected to the particular operation best suited to it. There is no doubt but that the suprapubic operation is best for a certain number of cases, such as stone too large to be brought through the pelvis without tearing and bruising the soft parts, or where there is a deformity of the pelvis or an injury of the limbs, which will not permit them to be brought into the proper position for operation. He did not think the operation could be considered as so innocuous as did Dr. Dennis. The lateral operation is so safe as to be attended with almost entire success in children—the bladder is easily reached and at a point where it is naturally most easily drained and where the wound is most easily healed. The mortality increases of course with the age of the subjects. But the operation in the median line in the raphé, which is merely a seam holding the other parts taut and which on division

permits dilatation of the parts on either side to almost any extent, is the best. Any danger from the neck of the bladder being firm and resisting, can be easily overcome by making a little incision on either side into the prostate gland, dividing the gland and the mucous membrane, which permits the parts to be dilated sufficiently to remove any stone which can be brought out of the pelvis. Too large a stone to pass out of the pelvis can be crushed by an instrument inserted through the incision. He had no doubt but that a clean operation in this manner would have a less mortality than litholapaxy. Previous to his adoption of the median operation, he had operated upon 45 cases, 40 by the old method of Dupuytren with the lithotome. Then he adopted the median operation which is substantially that of Civiale, and, taking all kinds of cases at all ages, his first 74 were without a death; then he had two deaths, the case being complicated in one with a pelvic abscess, and the other by scrofulosis. Then followed 46 cases with one death, the patient dying, with the wound ununited, of general tuberculosis three months after the operation. In the two years immediately preceding, he had operated on six old men with an average of sixty-six years, all of whom recovered; and he believed that in properly prepared and suitable cases, skilfully operated upon, the mortality will be nothing.

D. HAYES AGNEW, M.D., (Philadelphia) considered the median operation unquestionably the safest of all operations in the perineum, thought that the substitution of antiseptic solutions for the warm water formerly employed would render it still safer, and believed the old procedure to be the operation of the future. A similar opinion was expressed by Dr. J. R. WEIST, M.D., (Richmond, Ind.), while W. A. BYRD, M.D., (Quincy, Ill.), remarked that perineal lithotripsy obviated the necessity of tearing the soft parts in removing a stone, and presented a crushing instrument for the purpose.

H. H. MUDD, M.D., (St. Louis, Mo.), called attention to the inapplicability of the suprapubic operation in cases of chronic cystitis with firmly contracted bladder, and related cases in illustration.

J. COLLINS WARREN, M.D., (Boston), had seen two successful cases of suprapubic lithotomy during the preceding year, one for stone, the other

for tumor. He related a case in illustration of one advantage of the hypogastric method, in which perineal section for recurrent calculus was followed permanently by ejaculation of semen into the bladder. He referred to the popularity of litholapaxy in Boston, and emphasized the necessity of removing the debris in this operation.

T. R. VARICK, M.D., (Jersey City), thought the size of the stone had been made too much of a bugbear in perineal extraction, and presented a stone, weighing 7 ounces and 4 scruples, removed by the bilateral method from a boy of 14, without perceptible laceration; he also referred to the use of hot water as a styptic and aseptic.

D. W. YANDELL, M.D., (Louisville) had performed 92 operations by the perincum, 8 by lithotripsy and 6 by litholapaxy; he had seen two suprapubic operations but could as yet see no advantages in that method over the old ones. There were 7 deaths after his lithotomies and no recurrences, after the lithotrities there were 2 recurrences and 2 after the litholapaxies.

J. B. ROBERTS, M.D., (Philadelphia), could not change the opinion expressed by him three years previously that the high operation was destined to become an important one; it is safer for the inexperienced surgeon and better for exploratory purposes and the removal of tumors. He thought it however a rather severe method of treating retention from stricture, in which aspiration will generally on the second or third day at least, permit the passage of an instrument through the urethra.

J. E. MICHAEL, M.D., (Baltimore), had had considerable experience in the treatment of retention from stricture or prostatic disease, and had found suprapubic aspiration all that was necessary and with proper precautions safe. For exploratory purposes and in some cases for foreign bodies, there is no question of the propriety of the high operation, but for most cases of stone and for prostatic trouble, perineal section is preferable.—*American Surgical Association*, 1887.

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BONES, JOINTS, ORTHOPÆDIC.

I. Dislocation of the Hip. By HENRY MORRIS, F. R. C. S.